

Health Center Program Expectations

Continuous Quality Improvement and Performance Measurement

All health centers must have a quality improvement system that includes both clinical services and management. Highly recommend inclusion of governance and leadership activities in the system.

The organization should support and establish a locus of responsibility, such as an interdisciplinary quality improvement committee, for the quality improvement program. The quality improvement system should be organization wide and encompass all areas of operations.

Quality improvement activities and results should be reported to the management and clinical staff, and the governing board.

Health center quality improvement systems should have the capacity to examine topics such as patient satisfaction and access; quality of clinical care; quality of the work force and work environment; cost and productivity; health status outcomes; and utilization management utilization of appropriate specialty, pharmacy, hospital and other services.

Quality improvement systems should also have the capacity to measure performance using standard performance measures and accepted scientific approaches.

Periodic reassessment enables health centers to measure progress toward these improvement goals and respond to advances or changes in clinical care.

CLINICAL PROGRAM

EXPECTATION

Health centers must have a system of care that ensures access to primary and preventive services, and facilitates access to comprehensive health and social services. Services must be responsive to the needs and culture of the community.

EXPLANATION

Required Services - Health Centers must provide basic health services. Health centers must provide services that help ensure access to these basic health services. Health centers must provide: case management; services to assist a patient obtain financial support for health and social services; referrals to other providers of medical and health-related services including substance abuse and mental health services; services that enable patients to access health center services such as outreach, transportation; interpretive services; and education of patients regarding the availability and appropriate use of health services.

Additional Services - Health center should provide services based on the needs and priorities of the community. Eg. Migratory and seasonal farm workers should receive services that reduce environmental and occupational risks, or a homeless program may provide mental health services.

Hospitalization and Continuum of Care - Health center clinicians should obtain admitting privileges and hospital staff membership so health center clinicians can follow patients. The health center should assure that quality specialty medical, diagnostic and therapeutic services are available to patients through a system of organized referral arrangements.

After-Hours Coverage - Health centers should establish firm arrangements for after hours coverage. The system should ensure telephone access to a covering clinician.

Service Delivery Models

Location - Health centers must provide services at locations and times that ensure services are accessible to the community.

Hours - Health center's hours should facilitate access to services and should include some early morning, evening and/or weekend hours. Health centers should provide for access to needed care when the health center is closed.

Mix of services - The specific mix of services offered by the health center is influenced by demographic, epidemiological, resource and marketplace factors.

Contracting for Health Services - Health centers may contract to secure services for patients that it does not provide directly. Arrangements should be in writing and specific.

Health Care Planning - Health centers must develop health care goals and objectives as part of the organization's planning process. The objectives and action steps should be specific, reasonable, measurable and achievable.

Clinical Staff

Core Staff - Health centers are expected to maintain a core primary care clinician staff with training and experience appropriate to the culture and community needs. Staffing must lead to the desired outcomes of availability, accessibility, quality, comprehensiveness and coordination of services.

Clinical Leadership - Centers should have a Clinical Director with leadership and management training and skills who work members of the health center's management team.

Staffing - Clinicians should be licensed and certified as appropriate under state law and professional associations. It is preferred that the health center employ its core clinical staff. Health center systems and policies should support clinicians with the tools and systems appropriate for quality care.

Compensation - A fair compensation and benefit package supports long-term retention, and enhances productivity and quality. Appropriate incentive plans and deferred compensation plans, which are compatible with fiscal resources, the health center mission and management philosophy, and are in accord with state and federal laws, should be explored to maximize the retention of productive, quality and committed health professionals.

Credentialing and Privileging - Credentialing should follow a formal process that includes querying the National Practitioner Data Bank and verifying education and licenses. Credentialing and privileging processes should meet the standards of national accrediting agencies and as required under the Federal Tort Claims Act.

Continuing Professional Education (CPE) - Health centers are expected to ensure access to CPE that maintains provider licensure and is appropriate to the needs of each health center and the community served.

Affiliation with Teaching Programs - Health centers are encouraged to develop affiliations with clinical training programs.

Clinical Systems and Procedures

Policies and Procedures - Health centers must have written policies and procedures that addresses the following elements: hours of operation; patient referral and tracking systems; the use of clinical protocols; risk management procedures; procedures for assessing patient satisfaction; a consumer bill of rights; patient grievance procedures, and requirements for dependent provider practice according to applicable State statutes.

Clinical Systems - Patient flow and appointment systems should foster access and continuity of care, and minimizing waiting time and no-shows. Patient flow and appointment systems should also provide for emergent problems and call-in or walk-in patients. The clinical information system centered around a medical record must provide confidentiality all levels.